MONTGOMERY COUNTY HEALTH DEPARTMENT ENVIRONMENTAL DIVISION

3060 Mobile Highway Montgomery, AL 36108 Phone: (334) 293-6452

Fax: (334)293-6410

For Department Use Only
Date Rec'd
Fee Code
Fee Amount
Client #
Receipt #
Record ID

FOOD Plan Review Application

□ N	ew Construction Conversion C	onstruction Remodel
Name of Establishment:	, , , , , , , , , , , , , , , , , , ,	
Establishment Address or	Location:	
City:	Alabama	Zip Code:
Owner:		
Corporation Name (if appl	icable):	*
Mailing Address:		
City, State, Zip:		
Phone:	FAX:	E-mail:
Architect:	, , , , , , , , , , , , , , , , , , ,	
Company:	· .	· · · · · · · · · · · · · · · · · · ·
Mailing Address:		
Phone:	FAX:	E-mail:
Contact Person:	· ·	
Phone:	FAX:	E-mail:
# Residents (Child Day Care):		Type of Service (check all that apply): Seated Dining: Carry Out/Delivery:
	or Mobile Units Please Include The Fo	100.10(1)
		Mobile Food Unit/Pushcart
Commissary Permit #:		Number of Units:on of any requested information may delay approval of the
submitted plans. I am aware that c	ompletion of this application does not grant me	e permission to begin construction, conversion, or remodeling ard of Health for Food Establishment Sanitation, 2010.
Signature:	Title:	Date:

Rev 09-04-09